

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Mahalia Williams Dykes

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address:

**7602 Huntclub Road
Columbia, SC 29223**

Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s), (if any):
6563

CASE NO: **17-02843-jw**

CHAPTER 7

STATEMENT OF CHANGE

In accordance with Bankruptcy Rule 1009 and Local Rule 1009-1, the undersigned hereby amends the following schedules and statements:

- | | | |
|----|---------------------|--|
| 1) | Amended Schedule I: | Amended to update income |
| 2) | Amended Schedule J: | Amended to update expenses |
| 3) | Amended Schedule D: | Amended to add creditors
Carolina Title Loans
7118 Two Notch Road
Columbia, SC 29223 |
| 4. | Amended Schedule E: | Amended to add creditors
Receivable Management Corporation
1601 D Shop Road
Columbia, SC 29201

Progressive Leasing
256 West Data Drive
Draper, UT 84020

Comenity
PO Box 659728
San Antonio, TX 78265

Palmetto Health
PO Box 744244
Atlanta, GA 30374 |

Prisma Health
PO Box 2266
Columbia, SC 29202

RentDebt Automated
2802 Opryland Drive
Nashville, SC 37214

Date: January 10, 2020

/s/ Jason T. Moss
Jason T. Moss, Esquire
Moss & Associates, Attorneys, P.A.
816 Elmwood Avenue
Columbia, SC 29201
(803) 933-0202
7240
District Court I.D. Number

Fill in this information to identify your case:

Debtor 1	Mahalia Williams Dykes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>17-02843</u>		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 CAROLINA TITLE LOANS

Creditor's Name

**7118 TWO NOTCH ROAD
Columbia, SC 29223**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

2007 LEXUS RX 350

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Non-Purchase Money Security

Column A

Amount of claim
Do not deduct the value of collateral.

\$5,000.00

Column B

Value of collateral that supports this claim

\$6,354.00

Column C

Unsecured portion if any

\$0.00

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

First Name Middle Name Last Name

2.2 SENSIBLE AUTO LENDING

Creditor's Name

Describe the property that secures the claim:

\$3,454.42 \$1,000.00 \$2,454.42

2000 HONDA ACCORD

**PO BOX 552
Old Saybrook, CT 06475**

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

☒ Other (including a right to offset) **Auto Loan**

Date debt was incurred **2/15**

Last 4 digits of account number **3967**

2.3 STERLING CREDIT

Creditor's Name

Describe the property that secures the claim:

\$0.00 \$6,354.00 \$0.00

2007 LEXUS RX 350

**PO BOX 948115
Maitland, FL 32794**

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

☒ Other (including a right to offset) **Auto Loan**

Date debt was incurred **10/15**

Last 4 digits of account number **8401**

2.4 SUNBELT CREDIT

Creditor's Name

Describe the property that secures the claim:

\$675.91 \$700.00 \$0.00

**HOUSEHOLD GOODS: 522(F)
VOIDABLE**

**5114 FAIRFIELD ROAD
Columbia, SC 29203**

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

☒ Other (including a right to offset) **Non-Purchase Money Security**

Date debt was incurred **1/16**

Last 4 digits of account number **6563**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,130.33

Debtor 1 **Mahalia Williams Dykes**

First Name Middle Name Last Name

Case number (if known)

17-02843

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$9,130.33

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code
SUNBELT CREDIT
PO BOX 1893
Spartanburg, SC 29304

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number _____

☐

Name, Number, Street, City, State & Zip Code
TRIBUTE ACQUISITIONS
PO BOX 167762
Irving, TX 75016

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1 **Mahalia Williams Dykes**
 First Name Middle Name Last Name
 Debtor 2
 (Spouse if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA
 Case number **17-02843**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6563 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Federal Income Taxes	\$16,664.46	\$16,664.46	\$0.00

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

2.2

**RICHLAND COUNTY
TREASURER**

Priority Creditor's Name

PO BOX 11947

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563** **\$320.71** **\$320.71** **\$0.00**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

Property Taxes

2.3

SC DEPT OF REVENUE

Priority Creditor's Name

PO BOX 12265

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563** **\$4,452.08** **\$4,452.08** **\$0.00**

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

State Taxes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

4.1

ALLIED INTERSTATE

Nonpriority Creditor's Name

575 UNDERHILL BLVD

SUITE 224

Syosset, NY 11791

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2946**

\$0.00

When was the debt incurred? **3/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.2

COMENITY BANK

Nonpriority Creditor's Name

PO BOX 659728

San Antonio, TX 78265

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563**

\$582.53

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.3

LEXINGTON MEDICAL CENTER

Nonpriority Creditor's Name

PO BOX 100273

Columbia, SC 29202

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7183**

\$27.82

When was the debt incurred? **1/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

4.4

NAVIENT

Nonpriority Creditor's Name

PO BOX 9430

Wilkes Barre, PA 18773

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563**

\$6,431.62

When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Student Loan

4.5

NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Wilkes Barre, PA 18773

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563**

\$39,638.45

When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Student Loan

4.6

NOBLE COOPER

Nonpriority Creditor's Name

1415 PINE STREET

Columbia, SC 29204

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563**

\$0.00

When was the debt incurred? **1/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **Mahalia Williams Dykes**

Case number (if known)

17-02843

4.7

PALMETTO HEALTH COLUMBIA

Nonpriority Creditor's Name

PO BOX 744244

Atlanta, GA 30374

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6707**

\$263.07

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Collection Bill**

4.8

PELICAN AUTO FINANCE

Nonpriority Creditor's Name

PO BOX 781518

Philadelphia, PA 19178

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6563**

\$8,292.19

When was the debt incurred? **1/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Repossession Deficiency**

4.9

PRISMA HEALTH

Nonpriority Creditor's Name

PO BOX 2266

Columbia, SC 29202

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3779**

\$392.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1 **Mahalia Williams Dykes**

Case number (if known)

17-02843

4.1
0

PROGRESSIVE LEASING

Nonpriority Creditor's Name

256 WEST DATA DRIVE

Draper, UT 84020

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6418**

\$1,674.76

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1
1

RECEIVABLE MANAGEMENT CORPORATION

Nonpriority Creditor's Name

1601 D SHOP ROAD

Columbia, SC 29201

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4164**

\$1,155.63

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1
2

RECEIVABLE SOLUTIONS

Nonpriority Creditor's Name

PO BOX 21808

Columbia, SC 29221

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0097**

\$765.11

When was the debt incurred? **1/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

4.1
3

RENTDEBT AUTOMATED COLLECTIONS

Nonpriority Creditor's Name

**2802 OPRYLAND DRIVE
Nashville, TN 37214**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5804**

\$5,313.07

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1
4

SPRINT

Nonpriority Creditor's Name

**PO BOX 7949
Overland Park, KS 66207**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6563**

\$1,659.24

When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**

4.1
5

TRAVELERS

Nonpriority Creditor's Name

**PO BOX 55126
Boston, MA 02205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6563**

\$305.32

When was the debt incurred? **12/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**

Debtor 1 **Mahalia Williams Dykes**

Case number (if known)

17-02843

4.1
6

WELLS FARGO

Last 4 digits of account number **6563**

\$188.45

Nonpriority Creditor's Name

PO BOX 45038

Jacksonville, FL 32232

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **1/10**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

ATTORNEY GENERAL OF UNITED STATES

950 PENNSYLVANIA AVE, NW

Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

US ATTORNEY'S OFFICE

ATTN DOUG BARNETT

1441 MAIN ST STE 500

Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ **0.00**

6b. Taxes and certain other debts you owe the government

6b. \$ **21,437.25**

6c. Claims for death or personal injury while you were intoxicated

6c. \$ **0.00**

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ **0.00**

6e. Total Priority. Add lines 6a through 6d.

6e. \$ **21,437.25**

Total claims from Part 2

6f. Student loans

6f. \$ **46,070.07**

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ **0.00**

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ **0.00**

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ **20,619.19**

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **66,689.26**

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 4,199.99	\$ N/A	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 307.65	\$ N/A	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A	
5c. Voluntary contributions for retirement plans	5c. \$ 151.36	\$ N/A	
5d. Required repayments of retirement fund loans	5d. \$ 18.68	\$ N/A	
5e. Insurance	5e. \$ 203.89	\$ N/A	
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A	
5g. Union dues	5g. \$ 0.00	\$ N/A	
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ N/A	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 681.58	\$ N/A	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,518.41	\$ N/A	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A	
8b. Interest and dividends	8b. \$ 0.00	\$ N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A	
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A	
8e. Social Security	8e. \$ 0.00	\$ N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N/A	
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A	
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,518.41	+ \$ N/A	= \$ 3,518.41
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies		12. \$ 3,518.41	
		Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.			

Charter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Pay Group: MXN-Marketing NonExempt
Pay Begin Date: 12/13/2019
Pay End Date: 12/26/2019

Business Unit: MKRTG
Advice #: 68119864
Advice Date: 01/02/2020

Mahalia Dykes 4920 hardscrabble rd Apt 1207 Columbia, SC 29229	Employee ID: 1180170 Department: 660-Residential Retention Location: 3347 Platt Springs Rd	TAX DATA: Federal Tax Status: Exempt SC State Exempt Allowances: Addl. Percent: Addl. Amount:
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HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Earnings	Description	Current	YTD
	Rate	Hours	Hours	Earnings				
Reg-Hrly	20.000000	46.55	46.55	931.00	931.00	Fed Withholding	0.00	0.00
Hol-Hrly	20.000000	8.00	8.00	160.00	160.00	Fed MED/EE	14.34	14.34
LveWO-Hrly		22.88	22.88	0.00	0.00	Fed OASDI/EE	61.33	61.33
Life Imp				13.30	13.30	SC Withholding	0.00	0.00
Sick-Hrly	20.000000	2.00	2.00	40.00	40.00			
Shift2-Hrly				4.50	4.50			
TOTAL:		79.43	79.43	1,135.50	1,135.50	TOTAL:	75.67	75.67

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Contribution Pretax	56.78	56.78	Voluntary Legal	5.42	5.42	401k Company Match	56.78	56.78
Dental Before-Tax	6.27	6.27	Gam-Bankruptcy	329.54	329.54	RAP Supplemental Contribution	34.07	34.07
FSA Health Care	103.85	103.85	Charter 401K Loan1	11.63	11.63			
Medical Before-Tax	47.90	47.90	Purchasing Power Deduction	123.05	123.05			
Vision Before-Tax	1.52	1.52						
TOTAL:	216.32	216.32	TOTAL:	469.64	469.64	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 1,135.50	932.48	75.67	685.96	373.87
YTD 1,135.50	932.48	75.67	685.96	373.87

NET PAY DISTRIBUTION				
Payment Type	Advice Number	Account Type	Account Number	Amount
	Advice #68119864	Checking	XXXXX9036	373.87
TOTAL:				373.87

VACATION HOURS		SICK HOURS		PERSONAL HOURS	
Description	YTD	Description	YTD	Description	YTD
Projected Annual Accrual and Prior Year Carry Over Hrs	78.46	Available Balance	1.86	Projected Annual Hours	0.00
Current Balance*	0.69			Available Balance	0.00

*Current Balance = Hours Earned - Hours Taken +/- Hours Adjusted + Prior Year Carry Over

*****Please call 1-866-892-8922 for payroll questions.*****

Questions about Concur Travel & Expense should be sent to ConcurInquiries@charter.com or call 314-288-3393. Questions about Benefits, please call 1-877-892-2367.

Charter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Pay Group: MXN-Marketing NonExempt
Pay Begin Date: 11/29/2019
Pay End Date: 12/12/2019

Business Unit: MRKTG
Advice #: 68005068
Advice Date: 12/19/2019

Mahalia Dykes 4920 hardscrabble rd Apt 1207 Columbia, SC 29229	Employee ID: 1180170 Department: 660-Residential Retention Location: 3347 Platt Springs Rd	TAX DATA: Federal SC State Tax Status: Exempt Exempt Allowances: Addl. Percent: Addl. Amount:
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HOURS AND EARNINGS								TAXES		
Pay Period		Current		YTD						
Description	Begin Date	End Date	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Reg-Hrly			20.000000	53.95	1,079.00	1,071.26	21,425.20	Fed Withholding	0.00	0.00
Ot-Hrly	08/30/2019	09/05/2019	30.845024	-6.13	-189.08		0.00	Fed MED/EE	30.49	699.76
Ot-Hrly	08/30/2019	09/05/2019	33.725938	6.13	206.74	26.81	890.26	Fed OASDI/EE	130.38	2,992.07
Sick-Hrly			20.000000	1.75	35.00	43.99	879.80	SC Withholding	0.00	0.00
Vac-Hrly			20.000000	0.52	10.40	77.77	1,555.40			
LveWO-Hrly				27.25	0.00	817.32	0.00			
Comm Supp	08/30/2019	09/26/2019			1,062.86		9,740.27			
Life Imp					13.30		243.17			
Pers-Hrly					0.00	40.00	800.00			
Hol-Hrly					0.00	48.00	960.00			
Shft2-Hrly					0.00		12.33			
Hol Prem					0.00	15.85	475.50			
Brown-Hrly					0.00	38.00	760.00			
CONTINUED NEXT PAGE								TOTAL:	160.87	3,691.83

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Contribution Pretax	110.25	1,816.34	Garn-Bankruptcy	329.54	8,238.50	401k Company Match	110.25	1,816.34
Dental Before-Tax	6.27	106.59	Charter 401K Loan1	11.63	224.14	RAP Supplemental Contribution	66.15	1,138.10
FSA Health Care	59.56	1,500.00	Purchasing Power Deduction	131.82	5,711.02			
Medical Before-Tax	47.90	814.30	Voluntary Legal	0.00	38.78			
Vision Before-Tax	1.52	25.84						
TOTAL:	225.50	4,263.07	TOTAL:	472.99	14,212.44	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,204.92	1,992.72	160.87	698.49	1,345.56
YTD 50,399.83	46,442.93	3,691.83	18,475.51	28,232.49

NET PAY DISTRIBUTION			
Payment Type	Advice Number	Account Type	Account Number
Checking	Advice #68005068	xxxxx9036	Amount 1,345.56
TOTAL:			1,345.56
VACATION HOURS		SICK HOURS	
Description	YTD	Description	YTD
Projected Annual Accrual and Prior Year Carry Over Hrs	78.46	Available Balance	2.07
Current Balance*	3.93-		
PERSONAL HOURS			
Description	YTD		
Projected Annual Hours	32.00		
Available Balance	8.00-		

*Current Balance = Hours Earned - Hours Taken +/- Hours Adjusted + Prior Year Carry Over

*****Please call 1-866-892-8922 for payroll questions.*****

Questions about Concur Travel & Expense should be sent to ConcurInquiries@charter.com or call 314-288-3393. Questions about Benefits, please call 1-877-892-2367.

Charter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Pay Group: MXN-Marketing NonExempt
Pay Begin Date: 11/15/2019
Pay End Date: 11/28/2019

Business Unit: MRKTG
Advice #: 67905953
Advice Date: 12/05/2019

Mahalia Dykes 4920 hardscrabble rd Apt 1207 Columbia, SC 29229	Employee ID: 1180170 Department: 660-Residential Retention Location: 3347 Platt Springs Rd	TAX DATA: Tax Status: Federal Exempt SC State Exempt Allowances: Addl. Percent: Addl. Amount:
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HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	Earnings	Description	Current	YTD
Reg-Hrly	20.000000	44.90	898.00	1,017.31	20,346.20	Fed Withholding	0.00	0.00
Hol-Hrly	20.000000	8.00	160.00	48.00	960.00	Fed MED/EE	14.40	668.98
Shift2-Hrly			8.55		12.33	Fed OASD/EE	61.59	2,860.48
LveWO-Hrly		24.99	0.00	790.07	0.00	SC Withholding	0.00	0.00
Life Imp			13.30		229.87			
Sick-Hrly	20.000000	2.50	50.00	42.24	844.80			
Ot-Hrly			0.00	26.81	872.60			
Vac-Hrly			0.00	77.25	1,545.00			
Pers-Hrly			0.00	40.00	800.00			
Hol Prem			0.00	15.85	475.50			
Brvm-Hrly			0.00	38.00	760.00			
Lump Sum M			0.00		936.00			
Refer Bns			0.00		500.00			
CONTINUED NEXT PAGE						TOTAL:	75.99	3,529.46

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Contribution Pretax	55.83	1,706.09	Garn-Bankruptcy	329.54	7,908.96	401k Company Match	55.83	1,706.09
Dental Before-Tax	6.27	100.32	Charter 401K Loan1	11.63	212.51	RAP Supplemental Contribution	33.50	1,071.95
FSA Health Care	80.77	1,440.44	Purchasing Power Deduction	136.39	5,579.20			
Medical Before-Tax	47.90	766.40	Voluntary Legal	0.00	38.78			
Vision Before-Tax	1.52	24.32						
TOTAL:	192.29	4,037.57	TOTAL:	477.56	13,739.45	*TAXABLE		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL DEDUCTIONS		
Current	1,116.55			937.56			669.85	
YTD	48,193.41			44,430.71			17,777.02	
			TOTAL TAXES			NET PAY		

CO FILL #
HSP 001189170

Page 18 of 29

Earnings Statement**Charter**

COMMUNICATIONS

Charter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Page 001 of 001

Period Beg/End:

11/15/2019 - 11/28/2019

Advice Date:

12/05/2019

Advice Number:

0067905953

Batch Number:

000000000750

Exemptions Addl Amt Addl %
Fed: Exempt
SC(W): ExemptDykes, Mahalia
4920 hardscrabble rd
Apt 1207
Columbia, SC 29229

For inquiries on this statement please call: 877-892-4372

Earnings	Rate	Hours	Current	Year-to-Date
Reg-Hrly	20.0000	44.90	898.00	20346.20
Sick-Hrly	20.0000	2.50	50.00	844.80
Shft2-Hrly	20.0000		8.55	12.33
LveW0-Hrly		24.99		
Life Imp			13.30	229.87
Hol-Hrly	20.0000	8.00	160.00	960.00
Pers-Hrly				800.00
Brvm-Hrly				760.00
Refer Bns				500.00
IncentMktg				18.00
Gross STD				11377.84
Other Earns				23997.08
Gross Pay				48193.21

Taxes			
Fed Withholding		0.00	0.00
Fed MED/EE		14.40	668.98
Fed OASDI/EE		61.59	2860.48
SC Withholding		0.00	0.00

Total Taxes	75.99	3529.46
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Paid Time Off	
Vacation Balance	8.02-
Sick Balance	1.75
Personal Balance	8.00-

Other Deductions	Current	Year-to-Date
*401K Pre	55.83	1706.09
*Den BTax	6.27	100.32
*FSA Hlth	80.77	1440.44
*Med BTax	47.90	766.40
*Vis BTax	1.52	24.32
Garn	329.54	7908.96
401K Loan1	11.63	212.51
Purchasing	136.39	5579.20
ARAG	0.00	38.78

Total Deductions	669.85	1777.02
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*Excluded from taxable wages

Net Pay	370.71	26886.93
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Employer Paid Benefits

401K Pre	55.83	1706.09
RAPSuppCon	33.50	1071.95

Total	89.33	2778.04
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Direct Deposit Summary

Deposit Che XXXXX9036	370.71
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CO FILE #
HSE 001180170

000243-008817

Earnings Statement**Charter**
COMMUNICATIONSCharter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Page 001 of 001

Period Beg/End: 11/01/2019 - 11/14/2019
Advice Date: 11/21/2019
Advice Number: 0067802081
Batch Number: 000000000741Exemptions Addl Amt Addl %
Fed: Exempt
SC(W): ExemptDykes, Mahalia
4920 hardscrabble rd
Apt 1207
Columbia, SC 29229

For inquiries on this statement please call: 877-892-4372

Earnings	Rate	Hours	Current	Year-to-Date
Reg-Hrly	20.0000	64.57	1291.40	19448.20
LveW0-Hrly		14.08		
Life Imp			13.30	216.57
Sick-Hrly	20.0000	2.25	45.00	794.80
Shft2-Hrly	20.0000		3.78	3.78
Pers-Hrly				800.00
Brvm-Hrly				766.00
Refer Bns				500.00
IncentMktg				18.00
Gross STD				11377.84
Net STD Hr				11377.84
Other Earns				13419.24
Total		80.90	1340.18	17076.86

Taxes

Fed Withholding	0.00	0.00
Fed MED/EE	17.65	654.58
Fed OASDI/EE	75.45	2798.89
SC Withholding	0.00	0.00

Total Taxes	93.10	3453.47
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Paid Time Off

Vacation Balance	12.64
Sick Balance	2.52
Personal Balance	8.00

Other Deductions	Current	Year-to-Date
*401K Pre	67.01	1650.26
*Den BTax	6.27	94.05
*FSA Hlth	80.77	1359.67
*Med BTax	47.90	718.50
*Vis BTax	1.52	22.80
Garn	329.54	7579.42
401K Loan1	11.63	200.88
Purchasing	151.50	5442.81
ARAG	0.00	38.78

Total Deductions	696.14	17107.17
*Excluded from taxable wages		
Net Pay	550.94	26516.22

Employer Paid Benefits

401K Pre	67.01	1650.26
RAPSuppCon	40.21	1038.45

Total	107.22	2686.71
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Direct Deposit Summary

Deposit Che XXXXX9036	550.94
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Charter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Pay Group: MDN-Marketing NonExempt
Pay Begin Date: 10/18/2019
Pay End Date: 10/31/2019

Business Unit: MRKTG
Advice #: 67702881
Advice Date: 11/07/2019

Mahalia Dykes 4920 hardscrabble rd Apt 1207 Columbia, SC 29229	Employee ID: 1180170 Department: 660-Residential Retention Location: 3347 Platt Springs Rd	TAX DATA: Tax Status: Federal Exempt SC State Exempt Allowances: Addl. Percent: Addl. Amount:
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HOURS AND EARNINGS								TAXES		
Description	Pay Period		Rate	Current		YTD		Description	Current	YTD
	Begin Date	End Date		Hours	Earnings	Hours	Earnings			
Reg-Hrly			20.000000	54.73	1,094.60	907.84	18,156.80	Fed Withholding	0.00	0.00
Ot-Hrly	08/09/2019	08/15/2019	33.363426	4.32	144.13	26.81	872.60	Fed MED/EE	32.46	636.93
Ot-Hrly	08/02/2019	08/15/2019	30.000000	-8.95	-268.50		0.00	Fed OASDI/EE	138.80	2,723.44
Ot-Hrly	08/02/2019	08/08/2019	33.339093	4.63	154.36		0.00	SC Withholding	0.00	0.00
Sick-Hrly			20.000000	2.25	45.00	37.49	749.80			
LveWO-Hrly				26.03	0.00	751.00	0.00			
Comm Supp	07/26/2019	08/22/2019			1,192.15		8,677.41			
Life Imp					13.30		203.27			
Vac-Hrly					0.00	77.25	1,545.00			
Pers-Hrly					0.00	40.00	800.00			
Hol-Hrly					0.00	40.00	800.00			
Hol Prem					0.00	15.85	475.50			
Brvm-Hrly					0.00	38.00	760.00			
CONTINUED NEXT PAGE								TOTAL:	171.26	3,360.37

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Contribution Pretax	118.09	1,583.25	Garn-Bankruptcy	329.54	7,249.88	401k Company Match	118.09	1,583.25
Dental Before-Tax	6.27	87.78	Charter 401K Loan	11.63	189.25	RAP Supplemental Contribution	70.85	998.24
FSA Health Care	80.77	1,278.90	Purchasing Power Deduction	151.50	5,291.31			
Medical Before-Tax	47.90	670.60	Voluntary Legal	0.00	38.78			
Vision Before-Tax	1.52	21.28						
TOTAL:	254.55	3,641.81	TOTAL:	492.67	12,769.22	*TAXABLE		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current	2,361.74			2,120.49			747.22	1,443.26
YTD	45,736.68			42,343.14			16,411.03	25,965.28

NET PAY DISTRIBUTION			
Payment Type	Advice Number	Account Type	Account Number
Checking	Advice #67702881	Checking	xxxxxx9036
			Amount
			1,443.26
TOTAL:			1,443.26
VACATION HOURS		SICK HOURS	
Description	YTD	Description	YTD
Projected Annual Accrual and Prior Year Carry Over Hrs	78.46	Available Balance	2.29
Current Balance*	17.25		
PERSONAL HOURS			
Description	YTD		
Projected Annual Hours	32.00		
Available Balance	8.00		

*Current Balance = Hours Earned - Hours Taken +/- Hours Adjusted + Prior Year Carry Over

*****Please call 1-866-892-8922 for payroll questions.*****

Questions about Concur Travel & Expense should be sent to ConcurInquiries@charter.com or call 314-288-3393. Questions about Benefits, please call 1-877-892-2367.

Charter Communications, LLC
7800 Crescent Executive Dr
Charlotte, NC 28217

Pay Group: MXN-Marketing NonExempt
Pay Begin Date: 10/04/2019
Pay End Date: 10/17/2019

Business Unit: MRKTG
Advice #: 67605870
Advice Date: 10/24/2019

Mahalia Dykes 4920 hardscrabble rd Apt 1207 Columbia, SC 29229	Employee ID: 1180170 Department: 660-Residential Retention Location: 3347 Platt Springs Rd	TAX DATA: Tax Status: Federal Allowances: Exempt Addl. Percent: Addl. Amount:
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HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Reg-Hrly	20.000000	60.03	1,200.60	853.11	17,062.20	Fed Withholding	0.00	0.00
Vac-Hrly	20.000000	8.00	160.00	77.25	1,545.00	Fed MED/EE	18.52	604.47
LveWO-Hrly		20.58	0.00	724.97	0.00	Fed OASDI/EE	79.20	2,584.64
Life Imp			13.30		189.97	SC Withholding	0.00	0.00
Sick-Hrly	20.000000	2.00	40.00	35.24	704.80			
Ot-Hrly			0.00	26.81	842.61			
Pers-Hrly			0.00	40.00	800.00			
Hol-Hrly			0.00	40.00	800.00			
Hol Prem			0.00	15.85	475.50			
Brvm-Hrly			0.00	38.00	760.00			
Lump Sum M			0.00		936.00			
Refer Bns			0.00		500.00			
Comm Supp			0.00		7,485.26			
CONTINUED NEXT PAGE						TOTAL:	97.72	3,189.11

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Contribution Pretax	70.03	1,465.16	Gam-Bankruptcy	329.54	6,920.34	401k Company Match	70.03	1,465.16
Dental Before-Tax	6.27	81.51	Charter 401K Loan1	11.63	177.62	RAP Supplemental Contribution	42.02	927.39
FSA Health Care	80.77	1,198.13	Purchasing Power Deduction	151.50	5,139.81			
Medical Before-Tax	47.90	622.70	Voluntary Legal	0.00	38.78			
Vision Before-Tax	1.52	19.76						
TOTAL:	206.49	3,387.26	TOTAL:	492.67	12,276.55	*TAXABLE		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current	1,400.60		1,207.41			97.72	699.16	603.72
YTD	43,374.94		40,222.65			3,189.11	15,663.81	24,522.02

NET PAY DISTRIBUTION				
Payment Type	Advice Number	Account Type	Account Number	Amount
	Advice #67605870	Checking	xxxxx9036	603.72
TOTAL:				603.72
VACATION HOURS		SICK HOURS		PERSONAL HOURS
Description	YTD	Description	YTD	Description
Projected Annual Accrual and Prior Year Carry Over Hrs	78.46	Available Balance	2.43	Projected Annual Hours
Current Balance*	21.87-			Available Balance
				8.00-

*Current Balance = Hours Earned - Hours Taken +/- Hours Adjusted + Prior Year Carry Over

*****Please call 1-866-892-8922 for payroll questions.*****

Questions about Concur Travel & Expense should be sent to ConcurInquiries@charter.com or call 314-288-3393. Questions about Benefits, please call 1-877-892-2367.

Fill in this information to identify your case:

Debtor 1 Mahalia Williams Dykes

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-02843
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Granddaughter

8

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ Yes ☒ No

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,100.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Mahalia Williams Dykes**

Case number (if known) **17-02843**

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	200.00						
6b. Water, sewer, garbage collection	6b. \$	69.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	150.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	612.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	138.00						
10. Personal care products and services	10. \$	63.00						
11. Medical and dental expenses	11. \$	185.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	300.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	0.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	396.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES								
	16. \$	45.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	0.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
18. \$		0.00						
19. Other payments you make to support others who do not live with you.								
19. \$		0.00						
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<table border="1"> <tr> <td>\$</td> <td>3,383.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>3,383.00</td> </tr> </table>		\$	3,383.00	\$		\$	3,383.00
\$			3,383.00					
\$								
\$	3,383.00							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,518.41						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	3,383.00						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	135.41						

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

Mahalia Williams Dykes

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address:

**7602 Huntclub Road, Apt 102
Columbia, SC 29223**

Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any):
6563

Case No. **17-02843**
Chapter 13

SUPPLEMENTAL DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

Pursuant to 11 U.S.C. §329 and Fed. Bankr. R.P. 2016(b), I certify that I am the attorney for the above names debtor(s) and that I have received the funds below as compensation for services rendered or to be rendered on behalf of the debtor(s) in connection with the above-captioned case.

For legal services, I have received: \$399.00 from the debtor(s) to represent her in her case.

In return for the above-disclosed fee, I have agreed to render the following legal service(s) for the debtor(s):

Conversion of case from Chapter 13 to Chapter 7

I certify that the foregoing is a complete statement of my arrangement with the debtor(s) for the payment of the above-mentioned services rendered for the above-mentioned fee.

/s/ Jason T Moss
Jason T Moss
Attorney for the Debtor(s)
816 Elmwood Avenue
Columbia, South Carolina 29201
(803) 933-0202
District Court I.D. # 7240

January 10, 2020

Fill in this information to identify your case:

Debtor 1	Mahalia Williams Dykes		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	17-02843		
(if known)			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Mahalia Williams Dykes
Mahalia Williams Dykes
Signature of Debtor 1

X _____
Signature of Debtor 2

Date January 10, 2020

Date _____

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Mahalia Williams Dykes

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address:
**7602 Huntclub Road
Columbia, SC 29223**

Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any):
6563

CASE NO: **17-02843-jw**

CHAPTER 13

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE PROPERLY SERVED THE FOREGOING NOTICE OF AMENDED SCHEDULES AND STATEMENTS AS SHOWN ON THE ATTACHED STATEMENT OF CHANGE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE TO ALL CREDITORS VIA REGULAR MAIL, POSTAGE PREPAID.

William K. Stephenson via (CM/ECF)
Chapter 13 Trustee
PO Box 8477
Columbia, SC 29202

Carolina Title Loans
7118 Two Notch Road
Columbia, SC 29223

Receivable Management Corporation
1601 D Shop Road
Columbia, SC 29201

Progressive Leasing
256 West Data Drive
Draper, UT 84020

Comenity
PO Box 659728
San Antonio, TX 78265

Palmetto Health
PO Box 744244
Atlanta, GA 30374

Prisma Health
PO Box 2266
Columbia, SC 29202

RentDebt Automated
2802 Opryland Drive
Nashville, SC 37214

Date: January 10, 2020

/s/ Jamie A. Weller
Bankruptcy Paralegal
Moss & Associates, Attorneys, P.A.
816 Elmwood Avenue
Columbia, SC 29201

Label Matrix for local noticing
0420-3
Case 17-02843-jw
District of South Carolina
Columbia
Fri Jan 10 12:15:58 EST 2020

Capital Asset Recovery
P. O. Box 192585
Dallas, TX 75219-8523

(p)JEFFERSON CAPITAL SYSTEMS LLC
PO BOX 7999
SAINT CLOUD MN 56302-7999

J. Bratton Davis United States
Bankruptcy Courthouse
1100 Laurel Street
Columbia, SC 29201-2423

ALLIED INTERSTATE
575 UNDERHILL BLVD
SUITE 224
Syosset NY 11791-3416

ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington DC 20530-0001

Carolina Title Loans, Inc.
C/O Legal Dept
8601Dunwoody Place
Ste. 406
Atlanta, GA 30350-2550

DARYELLE WILLIAMS
2633 MAY BANK STREER
Columbia SC 29203

IRS
PO BOX 7346
Philadelphia PA 19101-7346

LEXINGTON MEDICAL CENTER
PO BOX 100273
Columbia SC 29202-3273

NAVIENT
PO BOX 9430
Wilkes Barre PA 18773-9430

NAVIENT
PO BOX 9635
Wilkes Barre PA 18773-9635

NOBLE COOPER
1415 PINE STREET
Columbia SC 29204-1847

Navient Solutions LLC c/o the dept of educat
Navient Solutions LLC
Department of Education Loan Services
PO BOX 9635
Wilkes-Barre, PA 18773-9635

(p)ASCENDIUM EDUCATION SOLUTIONS INC
PO BOX 8961
MADISON WI 53708-8961

PELICAN AUTO FINANCE
C/O COBAR ACQUISITIONS, LLC
25 HIGHLAND PARK VILLAGE 100-201
DALLAS, TX 75205-2789

PELICAN AUTO FINANCE
PO BOX 781518
Philadelphia PA 19178-1518

RECEIVABLE SOLUTIONS
PO BOX 21808
Columbia SC 29221-1808

RICHLAND COUNTY TREASURER
PO BOX 11947
Columbia SC 29211-1947

Richland County Treasury
P O Box 11947
Columbia SC 29211-1947

SC DEPT OF REVENUE
PO BOX 12265
Columbia SC 29211-2265

SENSIBLE AUTO LENDING
PO BOX 552
Old Saybrook CT 06475-0552

SFC Central Bankruptcy
PO Box 1893
Spartanburg, SC 29304-1893

(p)SPRINT NEXTEL CORRESPONDENCE
ATTN BANKRUPTCY DEPT
PO BOX 7949
OVERLAND PARK KS 66207-0949

STERLING CREDIT
PO BOX 948115
Maitland FL 32794-8115

(p)SECURITY FINANCE CENTRAL BANKRUPTCY
P O BOX 1893
SPARTANBURG SC 29304-1893

SUNBELT CREDIT
PO BOX 1893
Spartanburg SC 29304-1893

Solstas Lab Partners Group, LLC
c/o Franklin Collection Service
PO Box 3910
Tupelo, MS 38803-3910

TRAVELERS
PO BOX 55126
Boston MA 02205-5126

TRIBUTE ACQUISITIONS
PO BOX 167762
Irving TX 75016-7762

US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia SC 29201-2862

United Student Aid Funds, Inc (USAF)
PO Box 8961
Madison WI 53708-8961

WELLS FARGO
PO BOX 45038
Jacksonville FL 32232-5038

Jason T. Moss
Moss & Associates, Attorneys, P.A.
816 Elmwood Avenue
Columbia, SC 29201-2027

Mahalia Williams Dykes
4920 Hardscrabble Road, Apt. 1207
Columbia, SC 29229-9370

US Trustee's Office
Strom Thurmond Federal Building
1835 Assembly Street
Suite 953
Columbia, SC 29201-2448

William K. Stephenson Jr.
PO Box 8477
Columbia, SC 29202-8477

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Jefferson Capital Systems, LLC
PO Box 7999
St Cloud, MN 56302-9617

(d)Jefferson Capital Systems, LLC
PO Box 7999
Saint Cloud, MN 56302-9617

Navient Solutions, LLC on behalf of USA Fund
Attn: Bankruptcy Litigation Unit E3149
PO Box 9430
Wilkes, Barre, PA 18773-9430

SPRINT
PO BOX 7949
Overland Park KS 66207

SUNBELT CREDIT
5114 FAIRFIELD ROAD
Columbia SC 29203

(d)Sprint Corp
ATTENTION BANKRUPTCY
PO BOX 7949
OVERLAND PARK, KS 66207-0949

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Capital Asset Recovery
PO Box 192585
Dallas, TX 75219-8523

End of Label Matrix	
Mailable recipients	36
Bypassed recipients	1
Total	37